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ESE TOAKICMITTAL	Complete if Known					
FEE TRANSMITTAL	Application Number	10/766,674				
for FY 2005	Filing Date	January 27, 2004				
Patent fees are subject to annual revision.	First Named Inventor	Bruce A. Block				
Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	Schillinger, Laura M.				
	Art Unit	2813				
TOTAL AMOUNT OF PAYMENT (\$) 120.00	Attorney Docket No.	42P13747D				
METHOD OF PAYMENT (check all that apply)						
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ C	Other (please identify):					
Deposit Account Deposit Account Number: 02-2666	Deposit Account Name:	Blakely, Sokoloff, Taylor & Zafman LLP				
For the above-identified deposit account, the Director is h						
Charge fee(s) indicated below	. = ' ''	ndicated below, except for the filing fee				
Charge any additional fee(s) or underpayment of fee(under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	s) X Credit any ove	rpayments				
FEE CALCULATION						
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1. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid						
Total Claims 16 20 = 0 x 50.00 = \$0.00						
Independent						
Multiple Dependent						
Large Entity Small Entity						
Fee Fee Fee Fee Description						
Code (\$) Code (\$) 1202 50 2202 25 Claims in excess of 20						
1201 200 2201 100 Independent claims in excess of 3						
1203 360 2203 180 Multiple Dependent claim, if not paid 1204 790 2204 395 "Reissue independent claims over original patent	**********	to the second of				
	or number previously paid, if greater, not reassues, see below					
SUBTOTAL (1) (\$) 0.00						
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2. ADDITIONAL FEES Large Entity Small Entity						
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SUBMITTED BY Complete (if applicable)					
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Signature	William Voathard			Date	08/04/06

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120.00

SUBTOTAL (2)